PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica	correspondence includired below or directed oth	or tran ig the l ierwise	smitting the ISSU Patent, advance or in Block 1, by (a	ders and notification a) specifying a new c	of m	naintenance fees w pondence address;	ill be r and/or	nailed to the current (b) indicating a sepa	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						s) Transmittal, Thi	s certifi	cate cannot be used f	or domestic mailings of the for any other accompanying ent or formal drawing, must	
ROTHWELL, FIGG, ERNST & MANBECK, P.C. 1425 K STREET, N.W.						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SUITE 800 WASHINGTON, DC 20005						mitted to the USP	ro (571) 273-2885, on the d		
WASHINGTON	, DC 20003								(Depositor's name) (Signature)	
									(Date)	
APPLICATION NO.	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.						
10/541,612	07/07/2005			Erhard Kemnitz		2918-110		8344		
TITLE OF INVENTION		PREPA.	RATION OF HIG	H SURFACE AREA	MET	AL FLUORIDES				
APPLN, TYPE	SMALL ENTITY IS		SUE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$755	\$300		\$0		\$1055	09/11/2009	
EXAMINER		ART UNIT		CLASS-SUBCLASS	3					
HAILEY, PATRICIA L 1793			1793	502-224000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Rothwell, Figg, Ernst & 2 Manbeck, p.c.						
PLEASE NOTE: Unl	ess an assignee is ident	ified be	low, no assignee	data will appear on t	he pa	tent. If an assign	ee is id	entified below, the d	locument has been filed for	
recordation as set fort (A) NAME OF ASSIG	n in 37 CFR 3.11. Comp	oletion	of this form is NO	T a substitute for filing	g an a	assignment.				
Humboldt-Univ	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Germany									
Please check the appropr	iate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🛂 Co	rporati	on or other private gr	oup entity Government	
Aa. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies5				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1235 (enclose an extra copy of this form).						
	tus (from status indicated s SMALL ENTITY statu			☐ b. Applicant is no	long	ger claiming SMAI	L ENT	TTY status. See 37 C	FR 1.27(g)(2).	
	d Publication Fee (if requ	nired) v	vill not be accepted	d from anyone other the	nan tl	ne applicant; a regi	stered a	ttorney or agent; or t	he assignee or other party in	
Authorized Signature			47			Date 8 -	- 14-	2009	A 10 10 10 10 10 10 10 10 10 10 10 10 10	
Typed or printed name	25 (1 0	sidy	Ph.D					44,066	AAA TOY A TOY A TO A TO A TO A TOY A	
This collection of inform an application. Confident with the completed this form and/or suggesti Box 1450. Alexandria. V	ation is required by 37 Ciality is governed by 35 I application form to the ons for reducing this builting in 22313-1450. DC	FR 1.3 U.S.C. USPT den, sh	11. The/informatic 122 and 37 CFR O. Time will vary lould be sent to the SEND FEES OR (on is required to obtain 1.14. This collection is depending upon the e Chief Information C COMPLETED FORM	or r is est indiv office	etain a benefit by the imated to take 12 r idual case. Any co r, U.S. Patent and D THIS ADDRESS	he publ ninutes mment Tradem	ic which is to file (an to complete, including son the amount of the lark Office, U.S. Dep D TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.